



JOHN'S DEPT. STORE LTD.  
EMPLOYMENT APPLICATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ National Insurance No. \_\_\_\_\_

Area in which you reside \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

P.O. Box No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work?  Yes  No

Ages of children, if any \_\_\_\_\_ Emergency contact number \_\_\_\_\_

Do you have any physical limitations?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you legally eligible for employment in the Bahamas?  Yes  No

Have you been convicted of a crime in the last seven years?  Yes  No

What position(s) are you applying for? \_\_\_\_\_

Are you able to work at any location on New Providence?  Yes  No

Education (circle highest level attained)

Secondary: 9 10 11 12

Name of school: \_\_\_\_\_ Location of school \_\_\_\_\_

College: 1 2 3 4

Name of school: \_\_\_\_\_ Location of school \_\_\_\_\_

Are you currently enrolled in an education program?  Yes  No

If yes, please provide details: \_\_\_\_\_

Work History (List your last four employers. Begin with the most recent.)

1. Company: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_

2. Company: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_

3. Company: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_

4. Company: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_